



For office use only:
Licensing Year: _____

APPLICATION FOR RECIPROCATATION OF CRAFTSMAN LICENSE

Name _____
(First) (Middle Initial) (Last)

Home Address _____ Phone: _____
(Street) (City) (State) (Zip)

Mailing Address _____
(Street) (City) (State) (Zip)

New _____ Renewal
Craftsman Type Please Circle ONLY One

Journeyman Plumber	Journeyman Electrician	Journeyman Mobile Home	Journeyman Mechanical
Master Plumber	Master Electrician	Master Mobile Home	Master Mechanical

Name of Employer: _____ Date of Employment: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Employers Phone: _____ Master Craftsman: _____

Thomson Prometric (Exterior/Block Test)

Date Passed Exam _____ Block Test Score: _____
City and State Exam taken in: _____

I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license.

Date: _____ Print Name: _____ Signature: _____

PLEASE ENCLOSE WITH THIS APPLICATION A COPY OF YOUR CURRENT LICENSE IN ANOTHER TOWN IN KANSAS. IF YOUR LICENSE DOES NOT SHOW YOUR BLOCK & ASSOCIATES TEST SCORE, PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF COMPETENCY.